## VERIFICATION OF GOVERNMENT CHECK

Name:			Da	te:	
Social Security Number:					
Check Number:					-
Name listed on check:					
Amount of check:					
Date of check:					
Type of check:		Social Security		S.S.I.	□ V.A
		Unemployment		Other (	specify):
Verified by:			_	Dat	re:
Title:					-
Verification was completed through: ☐ Viewing the check (attach copy of check)					
☐ Oral communication with government official					